

SUMMER REGISTRATION 2016

Directions:

- 1. Please fill out this form completely. Incomplete forms will be returned un-processed holding up your registration.
- 2. Please include proof of residence. (i.e. license or tax bill).
- 3. Please make checks payable to "Treasurer, Town of Branford"
There is a \$25.00 return check fee charge by the Town of Branford.
- 4. You may ONLY register for one swim class per child. Include birth certificates and Red Cross Certificate.
- 5. Put all forms in a white Business size envelope and drop it in the drop box or mail it to
Branford Recreation Department, 46 Church Street, Branford 06405.
- 6. You can always register on-line at www.branfordrecreation.org or call the office for your user name and password.

Household Name: _____ Home Phone:(____)_____

Address: _____ City: _____

Email Address: _____

Mother's Name: _____ Home: _____ Work: _____ Cell/Beeper: _____

Father's Name: _____ Home: _____ Work: _____ Cell/Beeper: _____

Emergency Contact: _____ Home: _____ Work: _____ Cell/Beeper: _____

NOTE: Please list all activities, excluding swimming lessons.
Please use the reverse side for swimming lesson registration.

SHIRT SIZES are needed for some activities: Please indicate using the following: CM, CL, C-XL, AS, AM, AL, AXL

Name of Participant	Age	DOB	Grade	M/F	Activity Name	Code	Fee	Shirt Size
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Release of Liability: I waive all rights and release all claims that might be held against the Town of Branford, the Branford Recreation Department, its officials, representatives, agents, employees, and its hired or contracted instructors, their employees and agents, for any and all injuries or losses which may be suffered because of my participation of my child's or my children's participation in the above activities that are offered by the Town of Branford, in consideration of permission of the district to participate in the activity. The signer hereby certifies to the Town of Branford and the Recreation Department Staff that the participant is in good mental, physical and health condition and is able to participate in said activities listed above. In addition, I have read the refund policy in the program brochure and agree to its terms and conditions.

TOTAL PAGE 1	
TOTAL PAGE 2	
SCHOLARSHIP DONATION	
GRAND TOTAL	

Parent/Guardian Signature: _____ Date: _____

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For office use only:

Date: _____ Cash: _____ Check#: _____ Initials: _____

Credit Card: (Please Circle): Visa or Master card ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Exp. ☐ ☐ ☐ ☐

For Swim Lessons only: YOU MAY ONLY REGISTER FOR ONE CLASS PER CHILD.

Name	Age	DOB	Grade	M/F	Activity Name	Code	Fee
1.							
2.							
3.							
4.							
						TOTAL	\$

NOTE: Please list your additional class choices with their codes:

Child’s Name: _____

Child’s Name: _____

2nd: Choice of Swim Lessons: _____

2nd: Choice of Swim Lessons: _____

3rd: Choice of Swim Lessons: _____

3rd: Choice of Swim Lessons: _____

Child’s Name: _____

Child’s Name: _____

2nd: Choice of Swim lessons: _____

2nd: Choice of Swim Lessons: _____

3rd: Choice of Swim Lessons: _____

3rd: Choice of Swim Lessons: _____